



Consumer Affairs and Licensing

Mayor Martin J. Walsh

CHANGE OF MANAGER APPLICATION **LICENSED PREMISE INFORMATION**

CORPORATION NAME: _____

DOING BUSINESS AS (D/B/A): _____

ADDRESS: _____

TELEPHONE NO.: _____ LICENSE NO.: _____

PROPOSED MANAGER OF RECORD INFORMATION

NAME*: _____ SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

MOTHER'S MAIDEN NAME: _____ FATHER'S NAME: _____

HOME ADDRESS: _____

TELEPHONE NO.: _____ EMAIL: _____

REASON FOR CHANGE OF MANAGER: _____

EXPERIENCE OF PROPOSED MANAGER (including association with other Massachusetts licensees): _____

1. IS PROPOSED MANAGER AN OFFICER, DIRECTOR OR STOCKHOLDER IN THIS CORPORATION (please circle)? **Y / N**

a. IF YES, WHAT IS THE TITLE OF THE PROPOSED MANAGER? _____

b. HOW MANY SHARES ARE IN THE PROPOSED MANAGER'S NAME? _____

2. *WITHIN THE PAST 7 YEARS, HAS THE PROPOSED MANAGER BEEN CONVICTED OF A FELONY OR VIOLATION OF A STATE OR FEDERAL NARCOTICS LAW?* **Y / N**

✓ **PLEASE PROVIDE A COPY OF THE COMMON VICTUALLER OR ALCOHOL BEVERAGE LICENSE WITH THE NEW MANAGER LISTED.**

STATEMENTS BY APPLICANT AND PROPOSED MANAGER: UNDER THE PAINS AND PENALTIES OF PERJURY, I AFFIRM THAT THE PRECEDING ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PROPOSED MANAGER SIGNATURE: _____ DATE: _____

CORPORATE APPLICANT SIGNATURE: _____ DATE: _____

***** CHANGE OF MANAGER MAY BE SUBJECT TO A HEARING *****